

Case Number:	CM13-0008577		
Date Assigned:	12/04/2013	Date of Injury:	03/27/2012
Decision Date:	01/15/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a Fellowship Trained in Spine Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37-year-old female who reported an injury on 03/27/2012. The patient has a history of low back pain secondary to transferring a patient at work. The patient has been previously treated with physical therapy, medication management and injections. The patient underwent an L5-S1 lumbar laminectomy and microdiscectomy on 09/12/2013. The patient has been treated with postoperative physical therapy. Evaluation on 11/06/2013 reported the patient had complaints of 4/10 pain. On exam, the patient had 5/5 lower extremity motor strength with sensation intact and symmetric reflexes. The patient was recommended for continued physical therapy at that time. The patient's preoperative MRI was noted to have revealed spondylolisthesis. The patient's surgeon had recommended authorization of a possible fusion in case the patient needed restabilization after the decompression procedure. The patient had a history of depression symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L5-S1 Decompression and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-307.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that "patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment." The documentation submitted for review indicates that the patient did in fact undergo an L5-S1 decompression surgery in 09/2013. The surgeon did not perform the fusion procedure. Although guidelines do allow for fusion for patients with instability after surgical decompression at a level with degenerative spondylolisthesis, the patient did not undergo the fusion procedure and, therefore, authorization of this part of the surgery would not be supported. Furthermore, there is lack of documentation of any preoperative instability to have warranted preauthorization of a fusion procedure. Furthermore, there is no psychological clearance given the patient's past medical history of depression. As such, the request is non-certified. The request for L5-S1 decompression and fusion is not medically necessary and appropriate.